UNITED STATES HOUSE OF REPRESENTATIVES	Form A For Use by Members, Officers, and Employees LEGISL AT	LEGISLATIVE RESOURCE CENTER
Name: letar 1. King Day	المالية المال	2021 F EOMibe VRA 100199
FILER Member of the U.S. State: STATUS House of Representatives District:	Officer or Employing Office:	Staff Flier Type: (If Applicable) Shared Principal Assistant
TYPE 2019 Annual (Due: May 15, 2020)	Amendment Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	STIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ar Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No C. Did you, your spouse, or your dependent child receive any reportable glift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No X
G. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes Ilability (more than \$10,000) at any point during the reporting period?	No I. Did any individual or organization make a donation to charity in tieu of paying you for a speech, appearance, or article during the reporting period?	Yee No
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	INFORMATION - ANSWER EACH OF THESE	QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you contact the Committee on Ethics for further guidance.	ring during the reporting period? If you answered "yes" to this question, please	Yes No 🔀
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ics and certain other "excepted trusts" need not be disclosed. Have you excluded?	Yes No 🔀
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	, transactions, or liabilities of a spouse or your dependent child because they meet he Committee on Ethics.	t Yes No 🔀

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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784 If you so choose, you may indicate that an asset o income source is that of your apouse (SP) o dependent child (DC), or jointly hald with enyone (JT) in the optional column on the far left. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every flexnical institution where there is more than \$1,000 in interest-bearing accounts. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic Provide complete names of stocks and mutual funds (do not use only ticker symbols). Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearmed' income For a detailed discussion of Schedule A requirement please refer to the instruction booklet. nomes and vacation homes (unless there was rental income during the reporting period); and any financia marest in, or income derived from, a federal marest in. Exclude: Your personal residence, including secon ocation in Block A. property," and a city and state. For rental and other real property held for investment provide a complete address or description, e.g., "rental luring the year. stirement program, Including the Thritt Savings Plan you report a privately-traded fund that is an Except vestment Fund, piesse check the "EIF" box. Assets and/or Income Sources STERLINE NAME HASE A ANG 왐 BLOCK A ASC Hedge Fund Simon & Schuster Mega Corp. Stock × 4 UEOQ. *Column M is for assets hald by your spouse or dependent child in which you have no interest. If an esset was sold during the reporting period and is included only because it generated income, the value should be "None." None > Indicate value of easet at close of the reporting period. If you use valuation method other than fair market value, please specify the metho \$1-\$1,000 • indefinite \$1,001-\$15,000 o \$15,001-\$50,000 o \$50,001-\$100,000 × m Value of Asset \$100,001-\$250,000 × 71 BLOCK B \$250,001-\$500,000 G × \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 _ \$6,000,001-\$25,000,000 • \$25,000,001-\$50,000,000 * Over \$50,000,000 1-4 Secure/DC Asset over \$1,000,000 藍 a Check all columns that apply. For accounts that Frod generate tax-deferred income (such as 401(k), IRA, or mod generate tax-deferred income (such as 401(k), IRA, or mod generate income), you may check the "Tax-Deferred" in column. Dividends, interest, and capital gains, even in the process of the column of the taxable accounts. Check "None" if the season held in taxable accounts. Check "None" if the season held in taxable accounts in the reporting period. NONE DIVIDENDS × RENT INTEREST Type of Income × CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Partnership Other Type of Income (Specify: e.g., Partnership Income or Farm Income) may check the "None" column. For all other assets indicate the catagory of income by checking the appropriate box below. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable secounts. Check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest. For assets for which you checked "Tax-Deferred" in Block C, you \$1-\$200 = X \$201-\$1,000 × = \$1,001-\$2,500 × ₹ Amount of Income \$2,501-\$5,000 4 × \$5,001-\$15,000 × BLOCK D \$15,001-\$50,000 ≨ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 25 Spouse/DC Asset with Income over \$1,000,000* × Leave this column blank if there are no transactions that exceeded \$1,000. If only a portion of an asset was sold, please indicate as follows: (S (part)). exchanges (E) exceeding \$1,000 in the reporting purchases (P), eales (S), or period. É indicate if the Transaction , 8, 8(part), or E **BLOCK E**

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					<u> </u>											\$1,001-\$15,000	
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																Over \$50,000,000	
																Spouse/DC Asset over \$1,000,000*	
																NONE	
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																CAPITAL GAINS	BLOCK C
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																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	•
																None	
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																\$1,000,001-\$5,000,000 ×	
																Over \$5,000,000 🔀	
													-			Spouse/DC Asset with Income over \$1,000,000*	
																P S. S(part), or E	BLOCK E Transaction

SCHEDULE B -- TRANSACTIONS

Name: Peter T. Keng

Compare Department D	 		_		 	_	_	_		_	_	_	_	_			_
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Purchase													Example		ninu: If a sal "capital gains e capital gair	child for love a capital for love a capital for ansactions to a sale of your floor of an a	y purchase, s
Purchase											:		Mega Corp. Stock	Asset	se transaction resulted in a capital gain in box, unless it was an asset in a tax-defe income on Schedule A.	secumy or test property risks by you, you stiment or the production of income. Include s. Provide a brief description of an exich etween you, your spouse, or dependent ir personal residence, unless it generated seet is sold, piesse choose "partial sale	ale, or exchange transactions that exceed
Sade O															excess of \$200, med account, and hild.	r spouse, or your fransactions that ange transaction. It children, or the rental income. If as the type of	ded \$1,000 in the
Carek Box R Capital Gain Exceeded															Purchase		ر
Exchange															Sale		/pe of T
Exchange									<u> </u>				×		Partial Sale		ransac
Same	 										_				Exchange		ion
\$1,001- \$15,000 > \$15,001- \$250,000													×		Check Box if Cap \$200	irtal Gain Exceeded	
\$15,000													3919		Monthly, or Bi- weddy, if spplicable	(MO/DAYR) or Quarterly,	Date
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SCHEDULE C - EARNED INCOME

Name: Peter T. Kong

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845.

In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	relationship) are totally prohibited.	#E0,7770. 1110 2020 IIISIN IB #20,070.
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teathing Fee	\$6,000
EXAITIDIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000
Nam Nork State Actionant lesson	hasin	20026
NUS Retirement Person (Sporce)	Pagson	9,000
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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personal residence. *Column K is for liabilities held solely by your spouse or dependent child.

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				Example			
				First Bank of Wilmington, DE	Creditor		
				5/19	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
			_		\$10,001- \$15,000	>	
					\$15,001- \$50,000	ţo.	
					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	т	Amount of Liability
					\$500,001- \$1,000,000	71	약
					\$1,000,001- \$5,000,000	စ	ability
1					\$5,000,001- \$25,000,000	x	
		\vdash			\$25,000,001-		1
					\$50,000,000	-	1

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations): and positions social of an honorary nature.

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				BOARD MEMBER	Position	and the state of the second second second in the second se
				NOTRE HAVE LAW ASSOCIATION	Name of Organization	T valuents traid it any tangkate, areas, in service or tures (service parties and callipagh) of all positions solery of an includer interests.

SCHEDULE F - AGREEMENTS

Name:
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1	Ident conti	I
1	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deterral of payments by a former or current employer other than the U.S. government; or continuing participation in a employer.	I
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Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylist or fixely), local meals, and gifts to a spouse or dependent child that are totally independent of its or her relationship to you. Gifts with a value of \$158 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 26, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Sliver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name:
	Peter
,	1. King

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor or expenses. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to

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,		-						Examples:		"
								Hebital for Humanity (charity fundralser)	Government of China (NECEA)	Source
								Mar. 3-4	Aug. 6-11	Date(s)
								DC-Boston-DC	DC-Beling, Chine-DC	City of Departure-Destination-City of Return
						•		Υ	٧	Lodging? (Y/N)
								٧	۲	Food? (Y/N)
								Y	æ	Family Member included? (Y/N)

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics.	Name: Ltw 1. Ltw	Pin lieu of paying an ho	Page 4 of 1999 honorarium to you. A separa
eounos	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2019 Aug. 13, 2019	\$2,000 \$500